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## **Table of Contents**

**State/Territory Name: Wyoming**

**State Plan Amendment (SPA) #: 18-0002**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) 179
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Denver Regional Office  
1961 Stout Street, Room 08-148  
Denver, CO 80294



**REGION VIII - DENVER**

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July 17, 2018

Teri Green, State Medicaid Agent  
Office of Health Care Financing  
Wyoming Department of Health  
6101 Yellowstone Road, Suite 210  
Cheyenne, WY 82009

Dear Ms. Green:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 18-0002. This Recovery Audit Contractor (RAC) SPA modifies Section 4.5 to waive certain requirements of Section 1902(a)(42) of the Social Security Act. This SPA exempts the State from the requirement for a full-time medical director, with an increased look back period and an increased contingency fee percentage to facilitate the State's attempt to procure a RAC contractor. Please inform us if a bid is received, and a formal contract is executed.

Please be informed that this State Plan Amendment was approved today with an effective date of July 1, 2018. We are enclosing the CMS-179 and the amended plan page(s).

If you have any questions concerning this amendment, please contact Barbara Prehmus at (303) 844-7472.

Sincerely,

Mary Marchioni  
Acting Associate Regional Administrator  
Division for Medicaid & Children's Health Operations

cc: Thomas Forslund, Director  
Andrew Chapin  
Chris Bass

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL****FOR: HEALTH CARE FINANCING ADMINISTRATION**TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES1. TRANSMITTAL NUMBER:  
WY18-00022. STATE  
WYOMING3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)4. PROPOSED EFFECTIVE DATE  
07/01/20185. TYPE OF PLAN MATERIAL (*Check One*):☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENTCOMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)6. FEDERAL STATUTE/REGULATION CITATION:  
42 CFR 455.516

7. FEDERAL BUDGET IMPACT:

a. FFY 2018 \$0.00

b. FFY 2019 \$0.00

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Section 4.5b page 36b, and 36c

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (*If Applicable*):

Section 4.5b page 36b, and 36c

10. SUBJECT OF AMENDMENT: Wyoming is requesting the following State Plan Amendments for Recovery Audit Contractor exceptions: Requirement to maintain 1.0 FTE Medical Director (42 CFR 455.508 (b)), Increase of 3 year lookback period (42 CFR 455.508 (f)), and Increase of the contingency fee beyond the highest paid Medicare RAC (42 CFR 455.510 (b)(5)).

11. GOVERNOR'S REVIEW (*Check One*):☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☒ OTHER, AS SPECIFIED: Delegated to Teri Green, State  
Medicaid Agent, Division of Healthcare Financing☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME: TERI GREEN

14. TITLE: STATE MEDICAID AGENT

15. DATE SUBMITTED: 06/15/18

16. RETURN TO:

TERI GREEN  
STATE MEDICAID AGENT  
OFFICE OF HEALTH CARE FINANCING  
6101 YELLOWSTONE ROAD, SUITE 210  
CHEYENNE, WY 82002CC: CHRIS BASS, MANAGEMENT ASSISTANT  
(SAME ADDRESS)**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

June 15, 2018

18. DATE APPROVED:

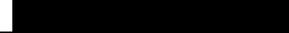
July 17, 2018

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

July 1, 2018

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:

Mary Marchioni

22. TITLE:

Acting ARA, DMCHO

23. REMARKS:

#### 4.5 Medicaid Recovery Audit Contractor Program

TN No. 18-0002  
Supersedes  
TN No. 17-0003

**Effective Date: 7/1/18**

Section 1902 (a)(42)(B)(ii)(II)(aa) of the Act	<p>The following payment methodology shall be used to determine State payments to Medicaid RACs for identification and recovery of overpayments (e.g., the percentage of the contingency fee):</p> <p>_____ The State attests that the contingency fee rate paid to the Medicaid RAC will not exceed the highest rate paid to Medicare RACs, as published in the Federal Register.</p> <p>_____ The State attests that the contingency fee rate paid to the Medicaid RAC will exceed the highest rate paid to Medicare RACs, as published in the Federal Register. The State will only submit for FFP up to the amount equivalent to that published rate.</p>
Section 1902 (a)(42)(B)(ii)(II)(bb) of the Act	<p><u>  X  </u> The contingency fee rate paid to the Medicaid RAC that will exceed the highest rate paid to Medicare RACs, as published in the Federal Register. The State will submit a justification for that rate and will submit for FFP for the full amount of the contingency fee.</p>
Section 1902 (a)(42)(B)(ii)(III) of the Act	<p><u>  X  </u> The following payment methodology shall be used to determine State payments to Medicaid RACs for the identification of underpayments (e.g., amount of flat fee, the percentage of the contingency fee):</p>
Section 1902 (a)(42)(B)(ii)(IV)(aa) of the Act	<p><u>  X  </u> The State has an adequate appeal process in place for entities to appeal any adverse determination made by the Medicaid RAC(s).</p>
Section 1902(a)(42)(B)(ii)(IV)(bb) of the Act	<p><u>  X  </u> The State assures that the amounts expended by the State to carry out the program will be amounts expended as necessary for the proper and efficient administration of the State plan or a waiver of the plan.</p>
Section 1902 (a)(42)(B)(ii)(IV)(cc) Of the Act	<p><u>  X  </u> The State assures that the recovered amounts will be subject to a State's quarterly expenditure estimates and funding of the State's share.</p> <p><u>  X  </u> Efforts of the Medicaid RAC(s) will be coordinated with other contractors or entities performing audits of entities receiving payments under the State plan or waiver in the State, and/or State and Federal law enforcement entities and the CMS Medicaid Integrity Program.</p>